



City of Hartford  
Licenses and Inspections Division  
**Pedal Cab License Application**



### Pedal Cab Operator Application

**Type of Ownership**

☐ Sole Ownership **a.**

☐ Limited Liability Company **b. c.**

☐ Partnership **b. c.**

☐ Corporation **b. c.**

**You must have the following with you at the time of application:**

☐ Proof of Worker's Comp Insurance (must name City of Hartford as insured)

☐ Letter signed by a physician, stating the physical capability of the applicant

☐ Criminal background check (\$5.00 fee @ HPD)

☐ A complete set of fingerprints (\$20.00 fee @ HPD Tues & Thurs 10a.m-2p.m.)

☐ Drivers License / State ID (including restrictions, driving history, license suspended or revoked etc.)

☐ Completed Application and \$25.00 fee

**Operator Information**

Name	
Residential Address	
City ST ZIP Code	
Day-time Phone	
Night-time Phone	
Date of Birth	
Place of Birth	
<b>Business Location:</b>	
<b>Drivers License Restrictions</b>	

**Sole Owner, Partners, LLC / if a corp. club, or association names of officers**

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State and date of Establishment Creation		
Certificate of legal existence		

**Sole Owner, Partners, LLC, if a corp. club, or association names of officers**

Name		
Business Address		
City ST ZIP Code		
Day-time Phone		
State and date of Establishment Creation		
Certificate of legal existence		

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a registration, any false statements, omissions, or other misrepresentations made by me on this application may result in its immediate revocation.. Should any of the previously-referenced information provided by me, the applicant, become inaccurate or outdated, I shall promptly provide correct and accurate information to the Licenses and Inspections Division in the form of an amended application.

I state under oath that "I have read the provisions set forth in article IV of the Hartford Municipal Code; that I understand those provisions; and that I agree to abide by them at all times."

Name (printed)	
Signature	
Date	
Notary Public Signature	
Date	